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(54) **DOSE COUNTER WITH LOCKOUT MECHANISM**

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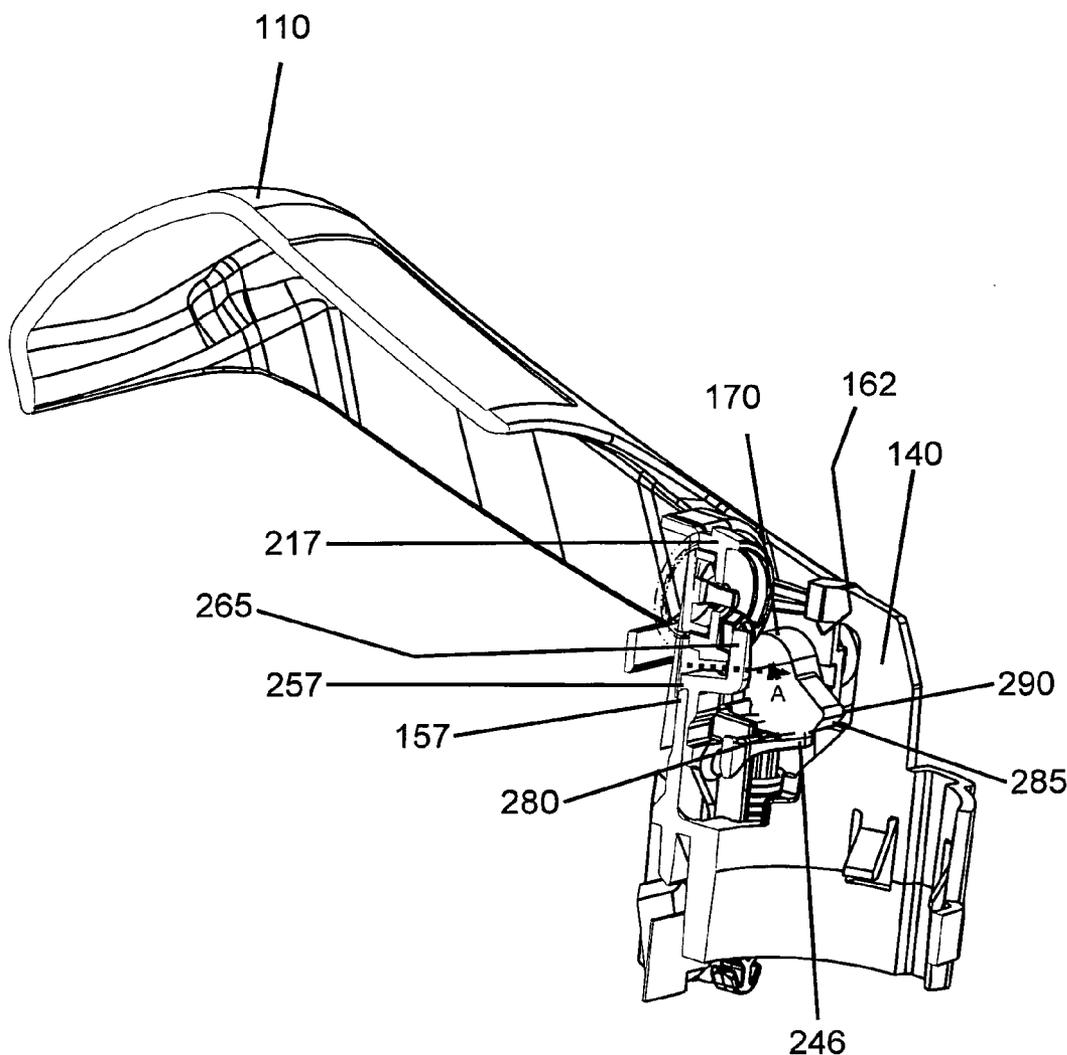
(57) **ABSTRACT**

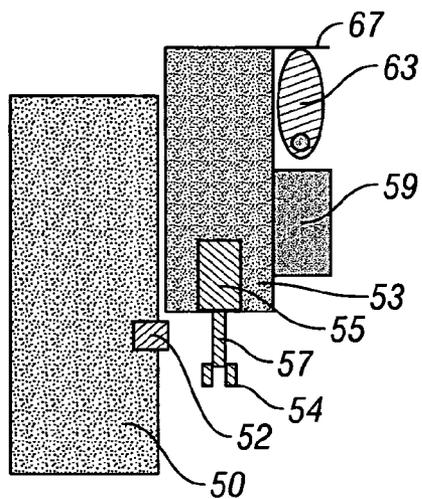
(22) Filed: **May 7, 2009**

A medicament dispenser, in particular a metered dose inhaler, which is able to count the number of time the dispenser is activated and then disable the device, which then prevents any additional medicament from being dispensed. Additional embodiments include a medicament dispenser which are adapted to display either the number of activations that have occurred or the number of activations remaining.

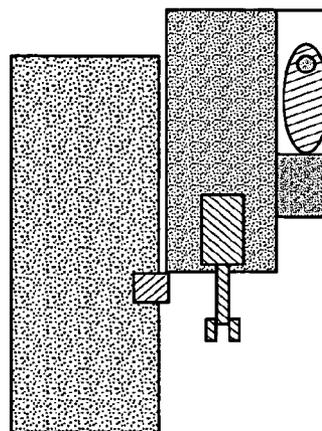
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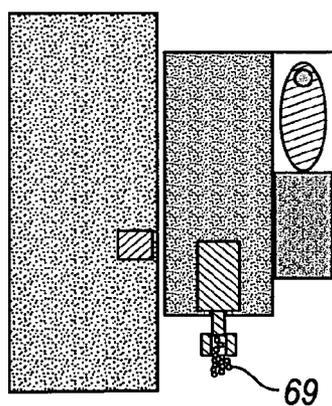




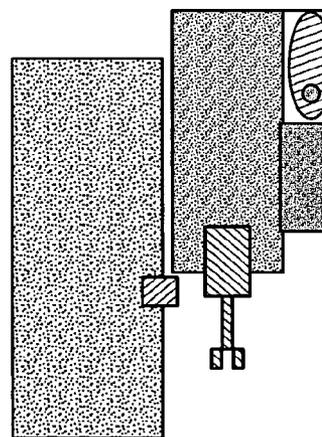
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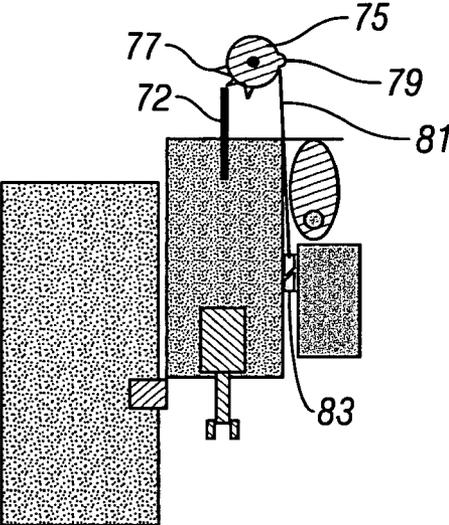
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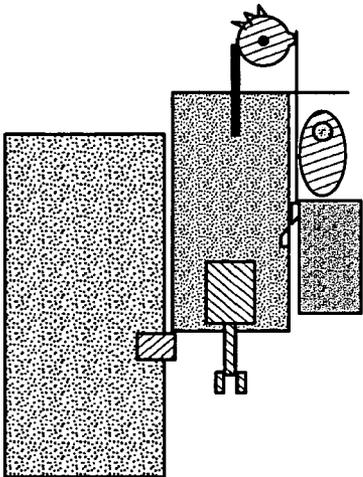
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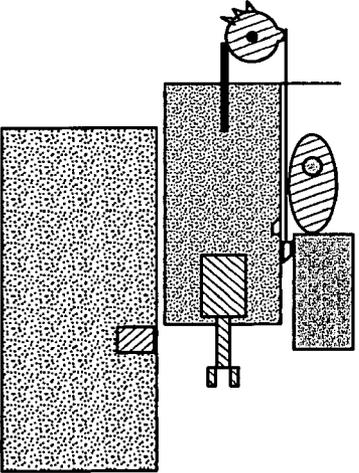
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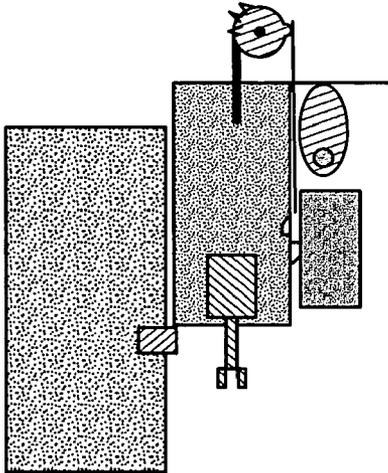
**E**



**F**



**G**



**H**

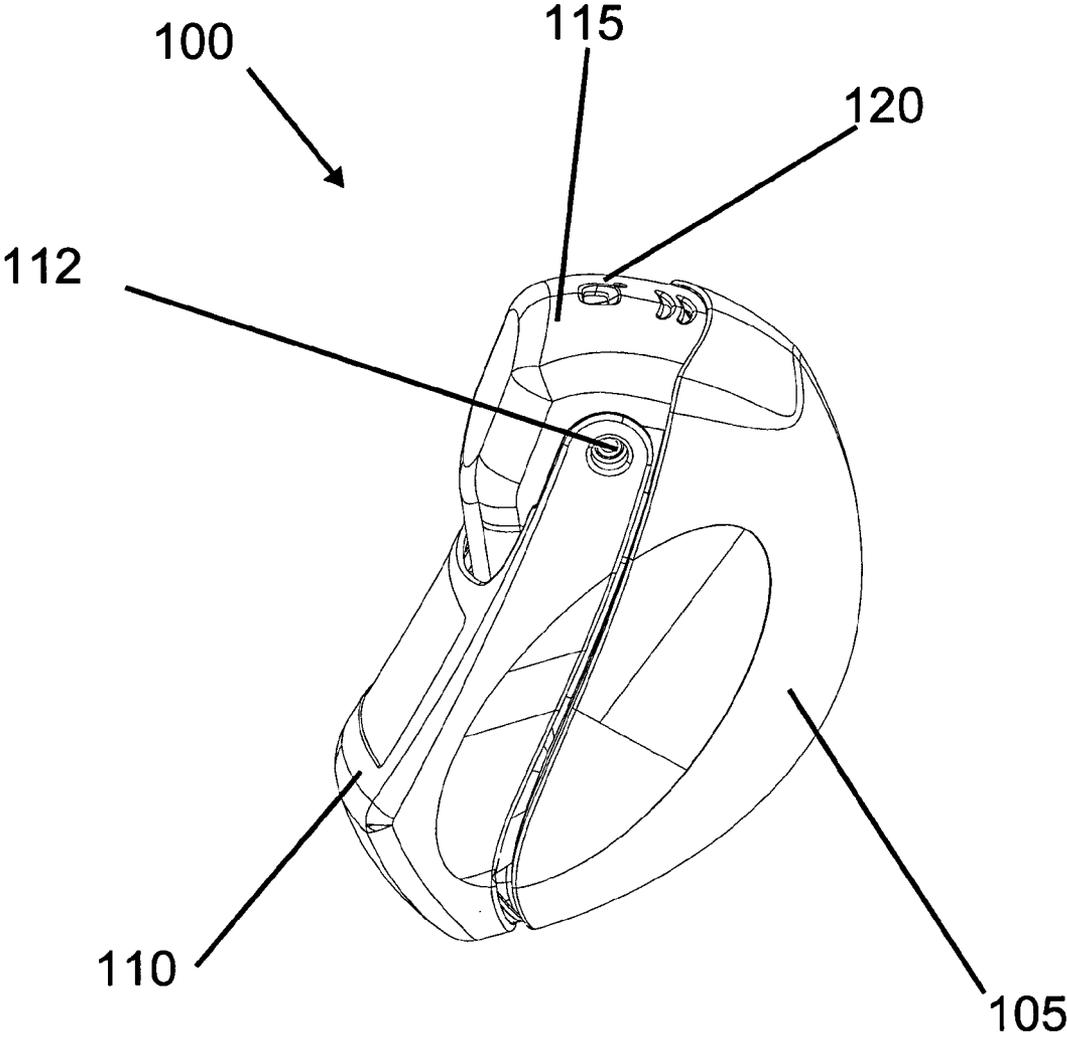


Fig 1

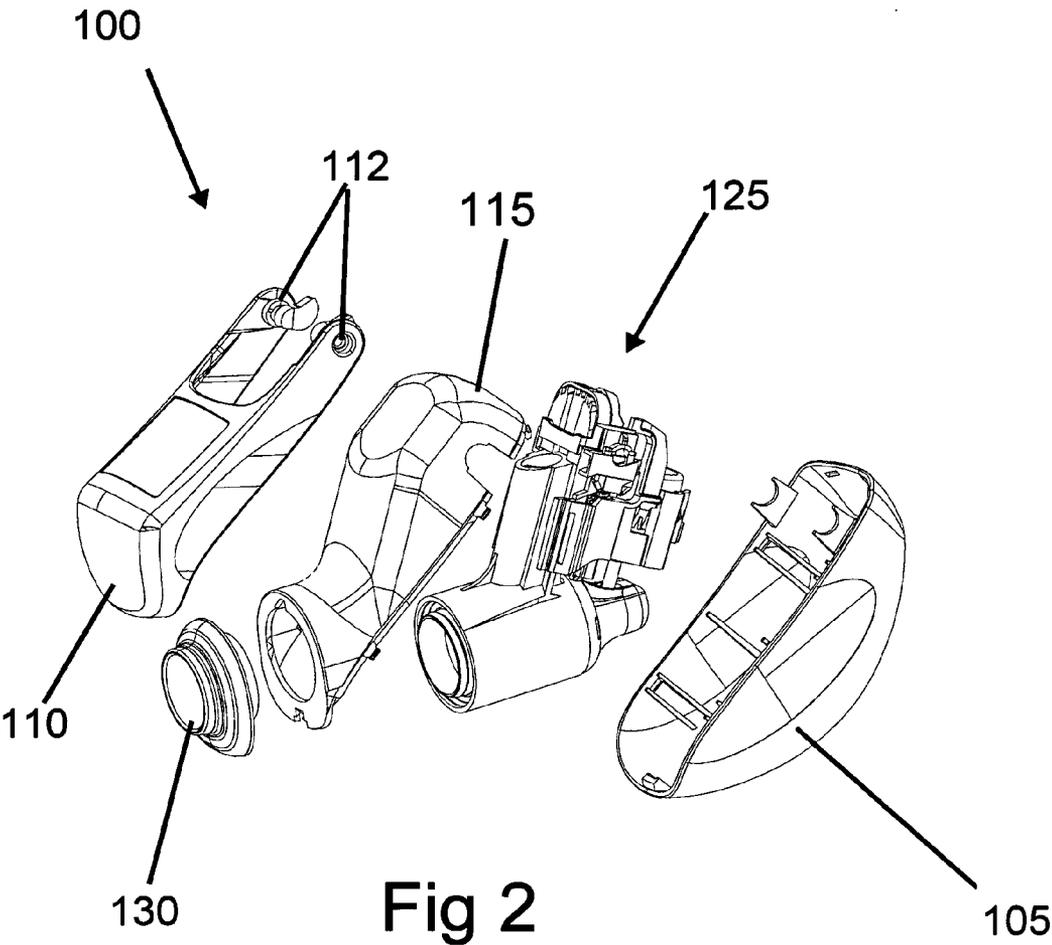


Fig 2

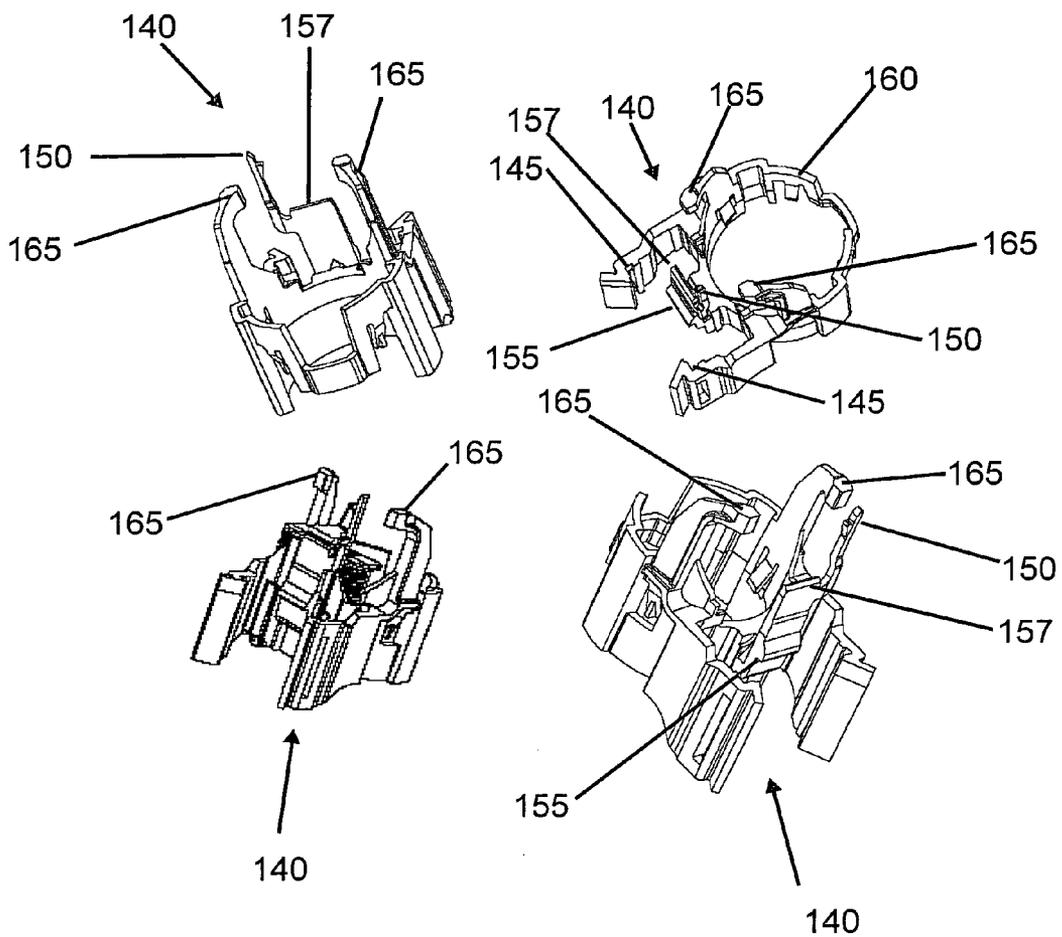
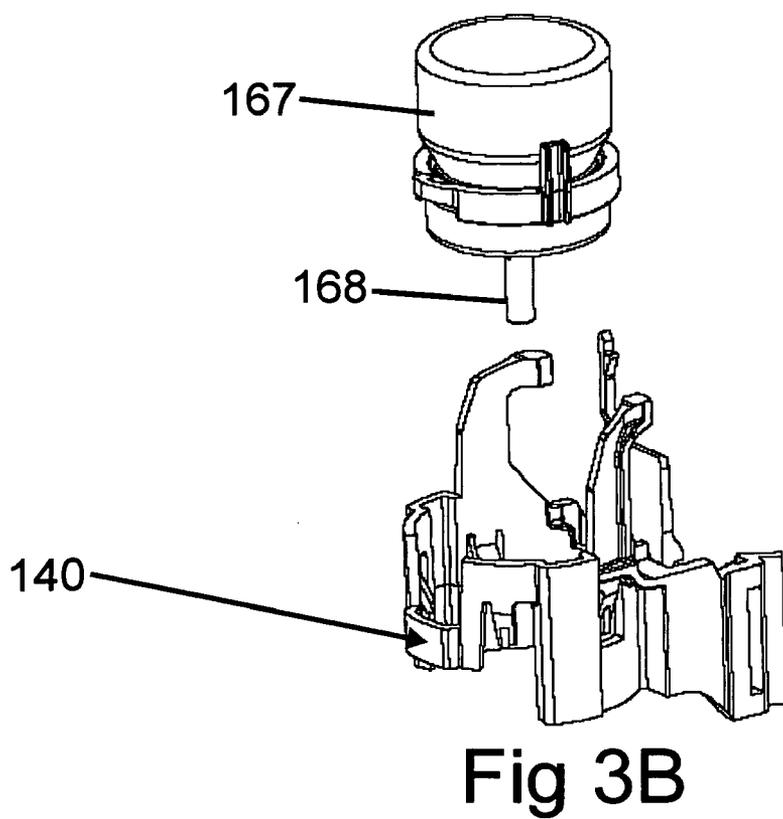
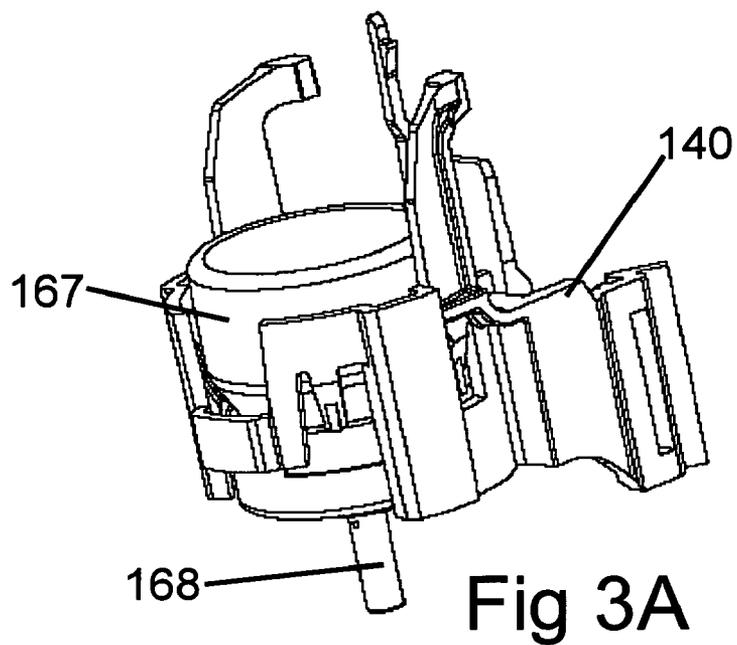


Fig 3



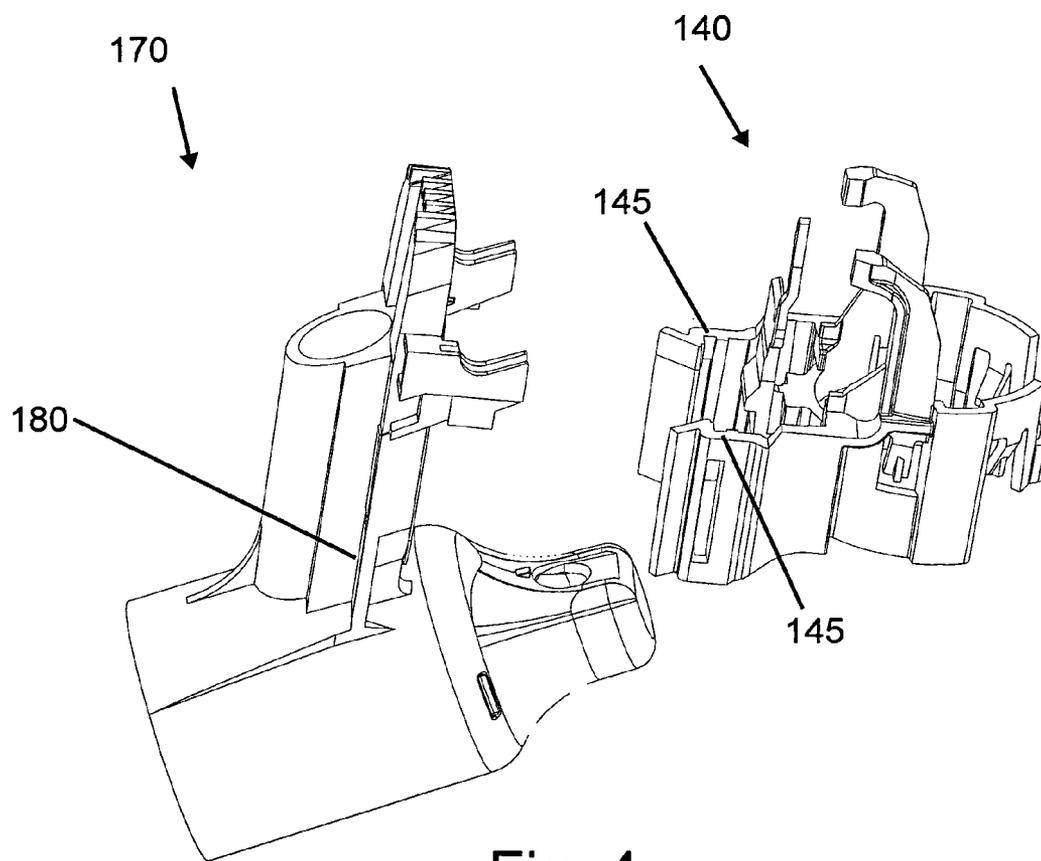


Fig. 4

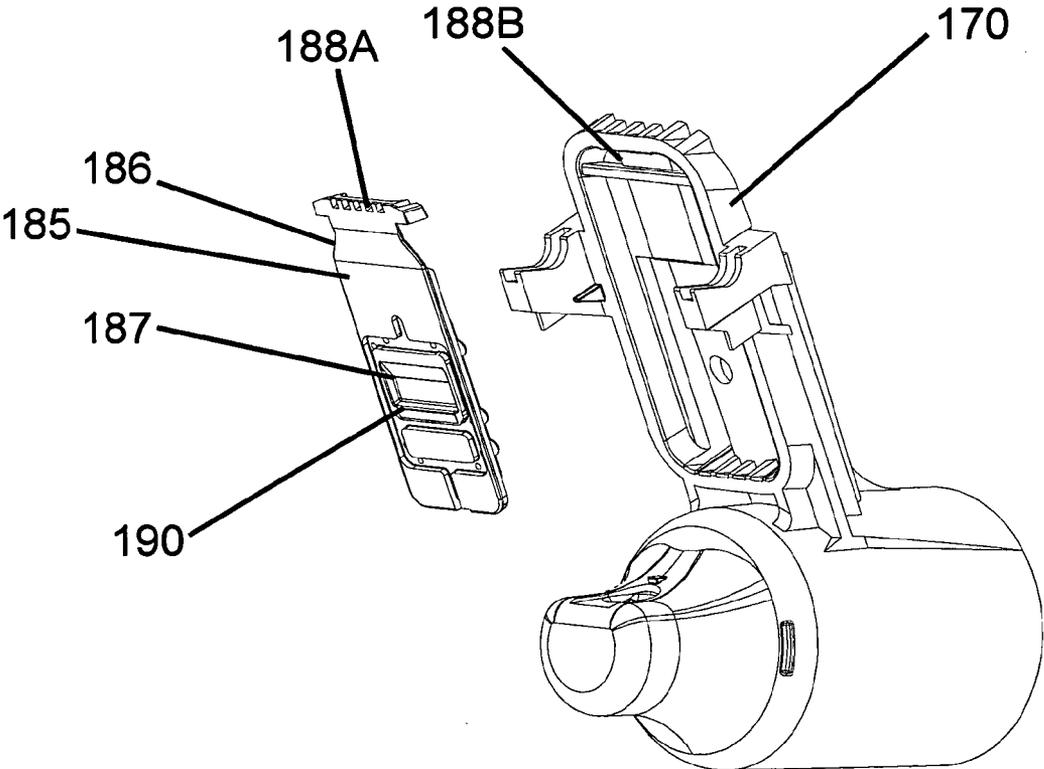


Fig. 5

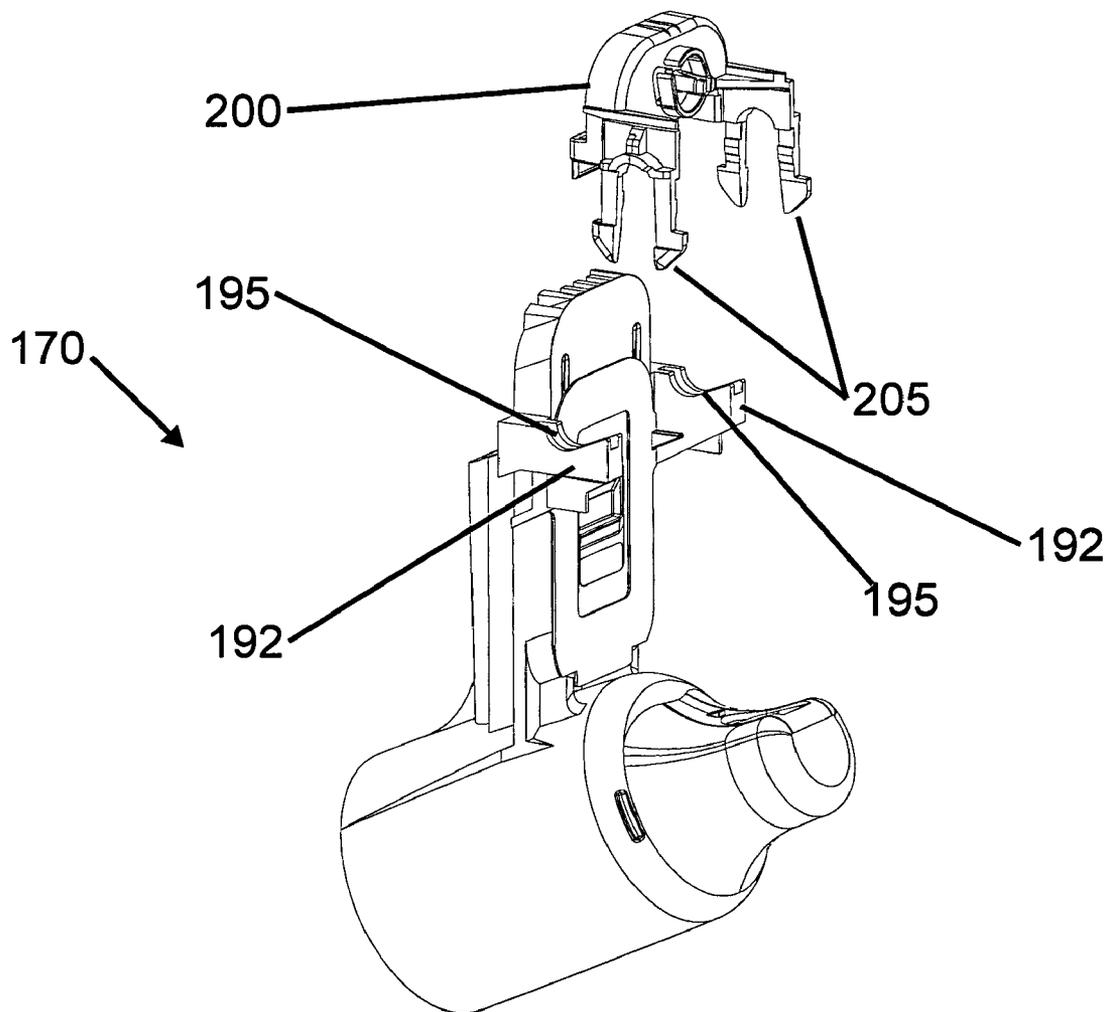


Fig. 6

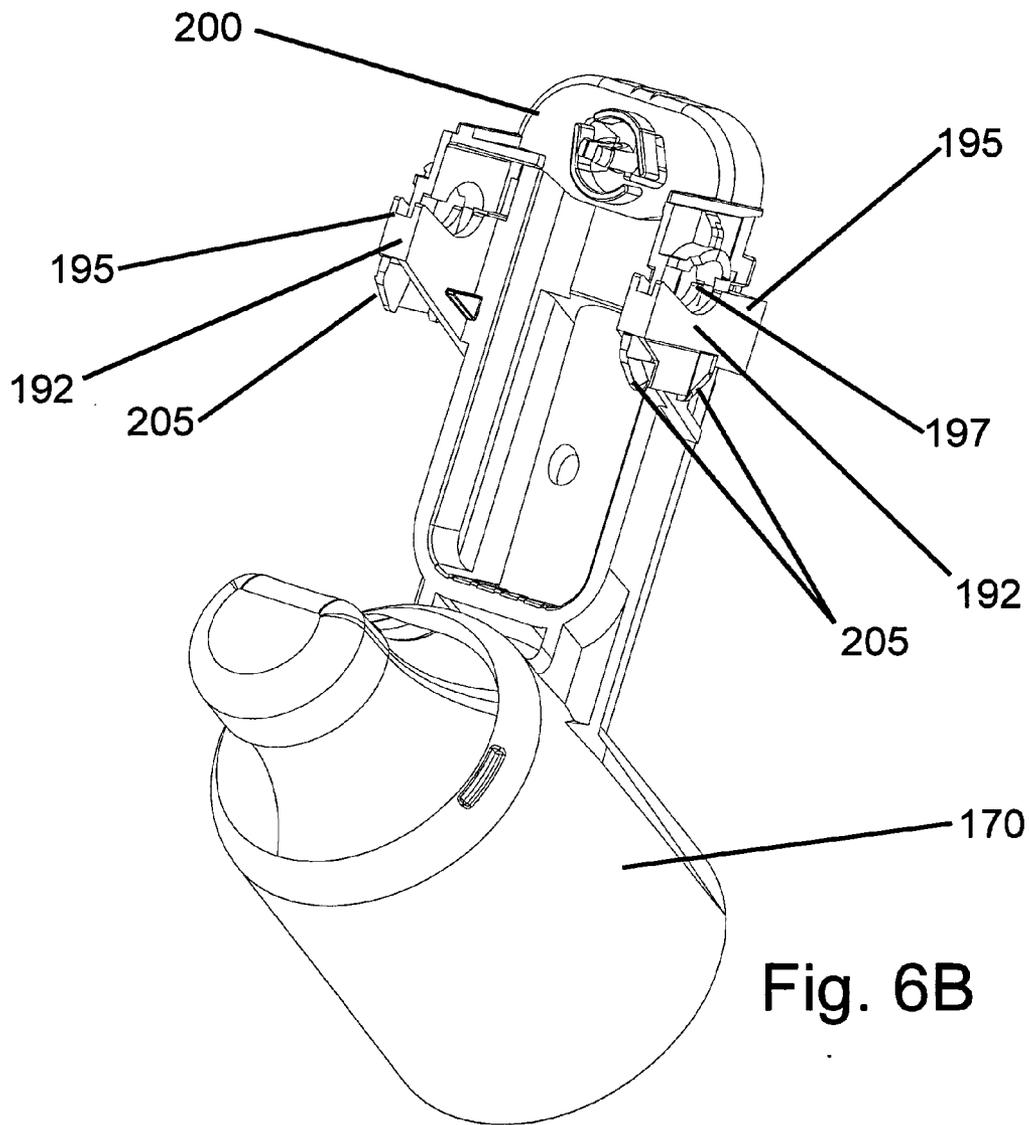


Fig. 6B

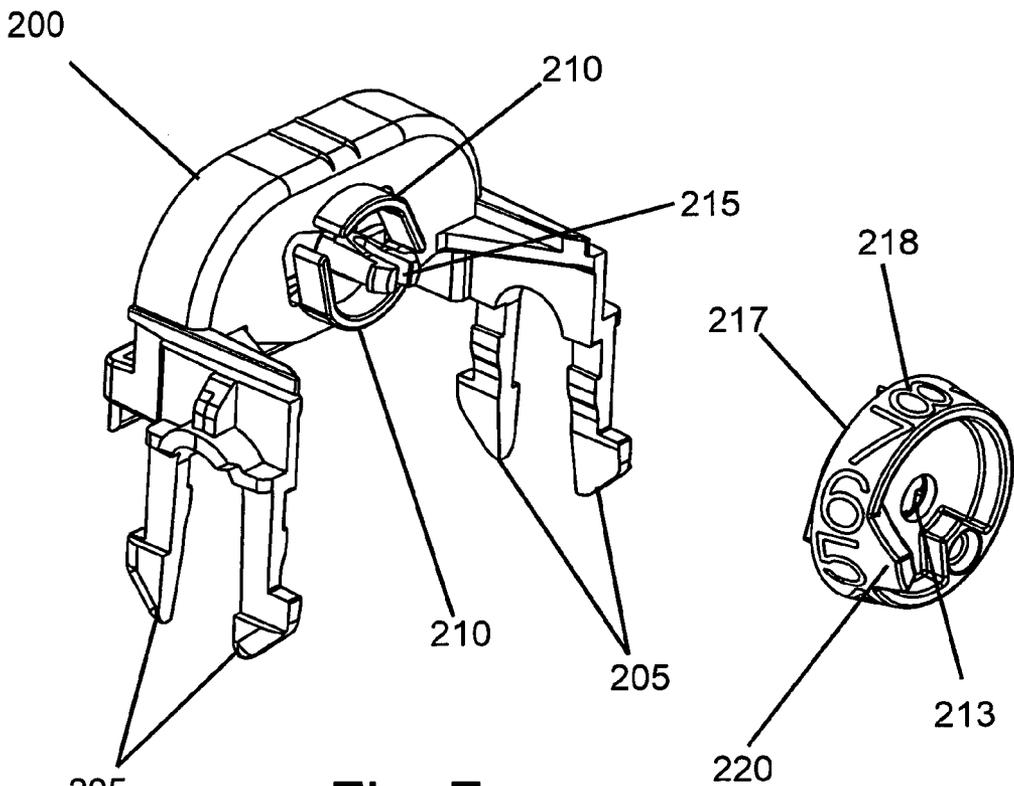


Fig. 7

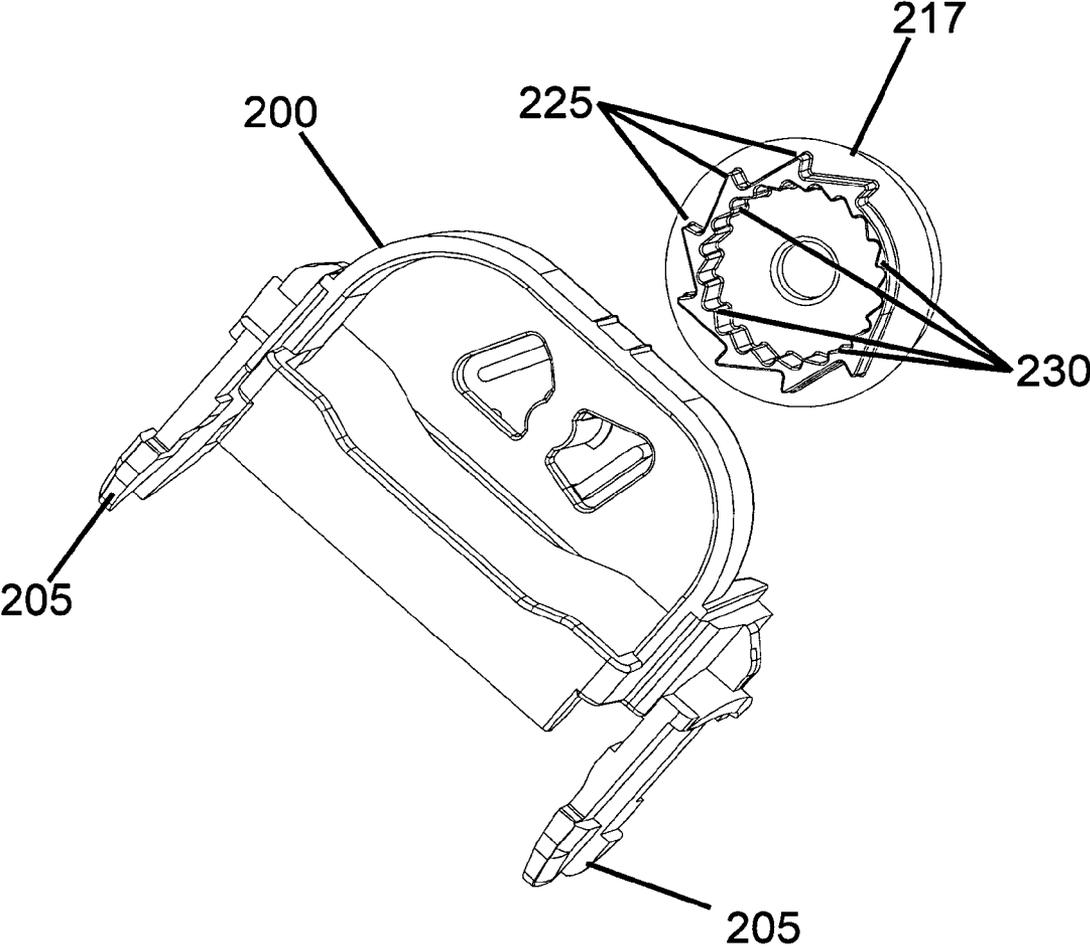


Fig. 8

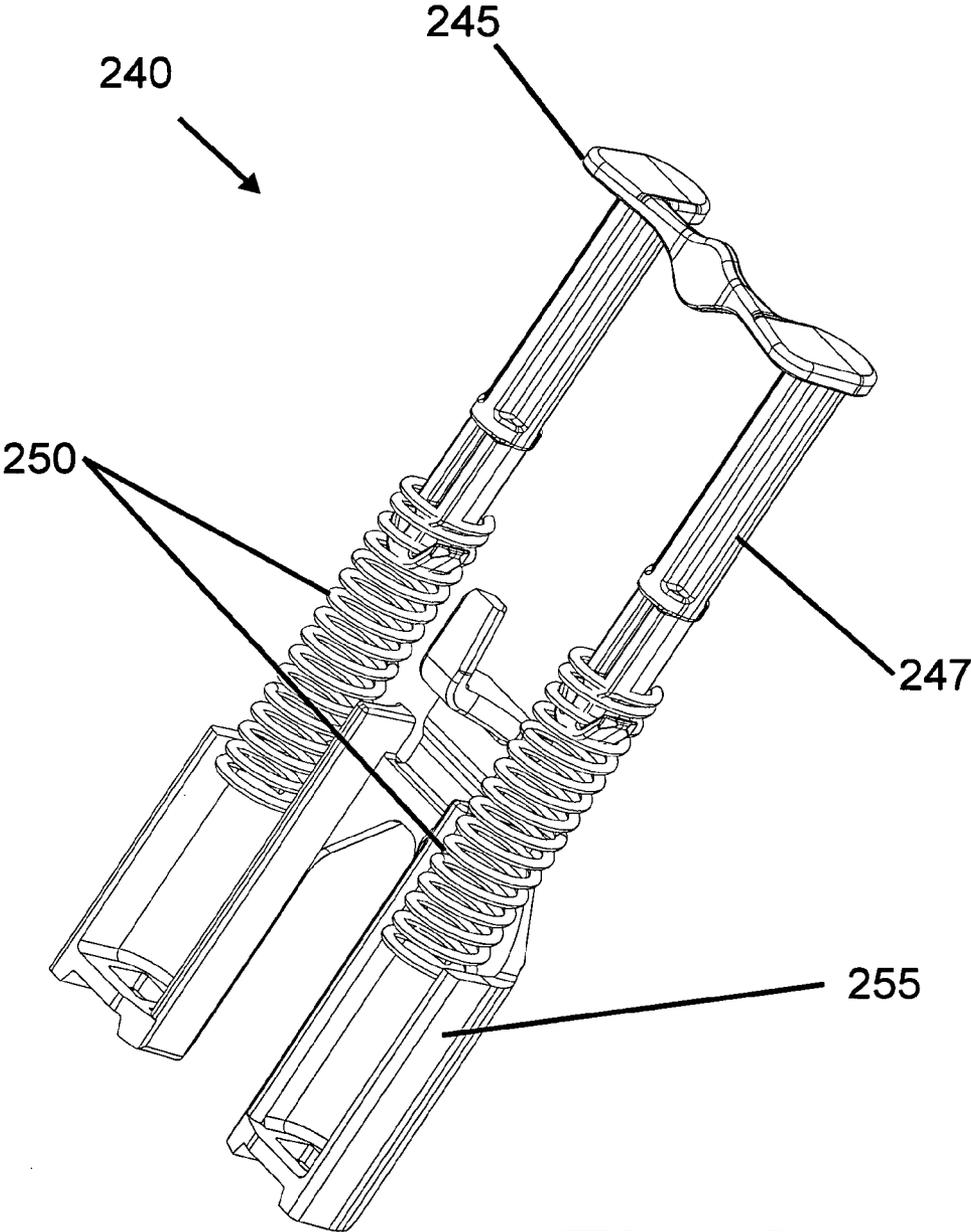


Fig. 9

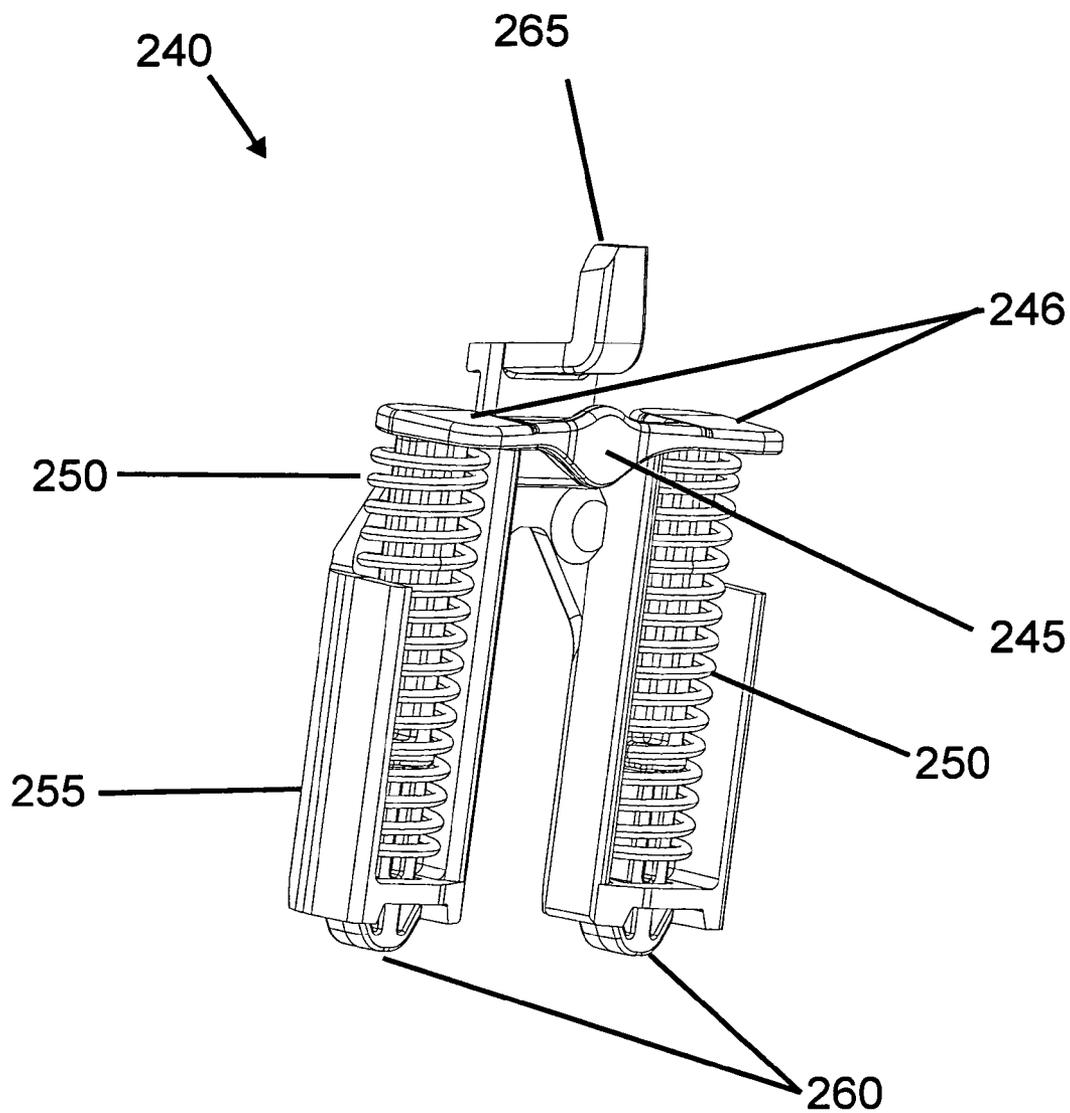


Fig. 10

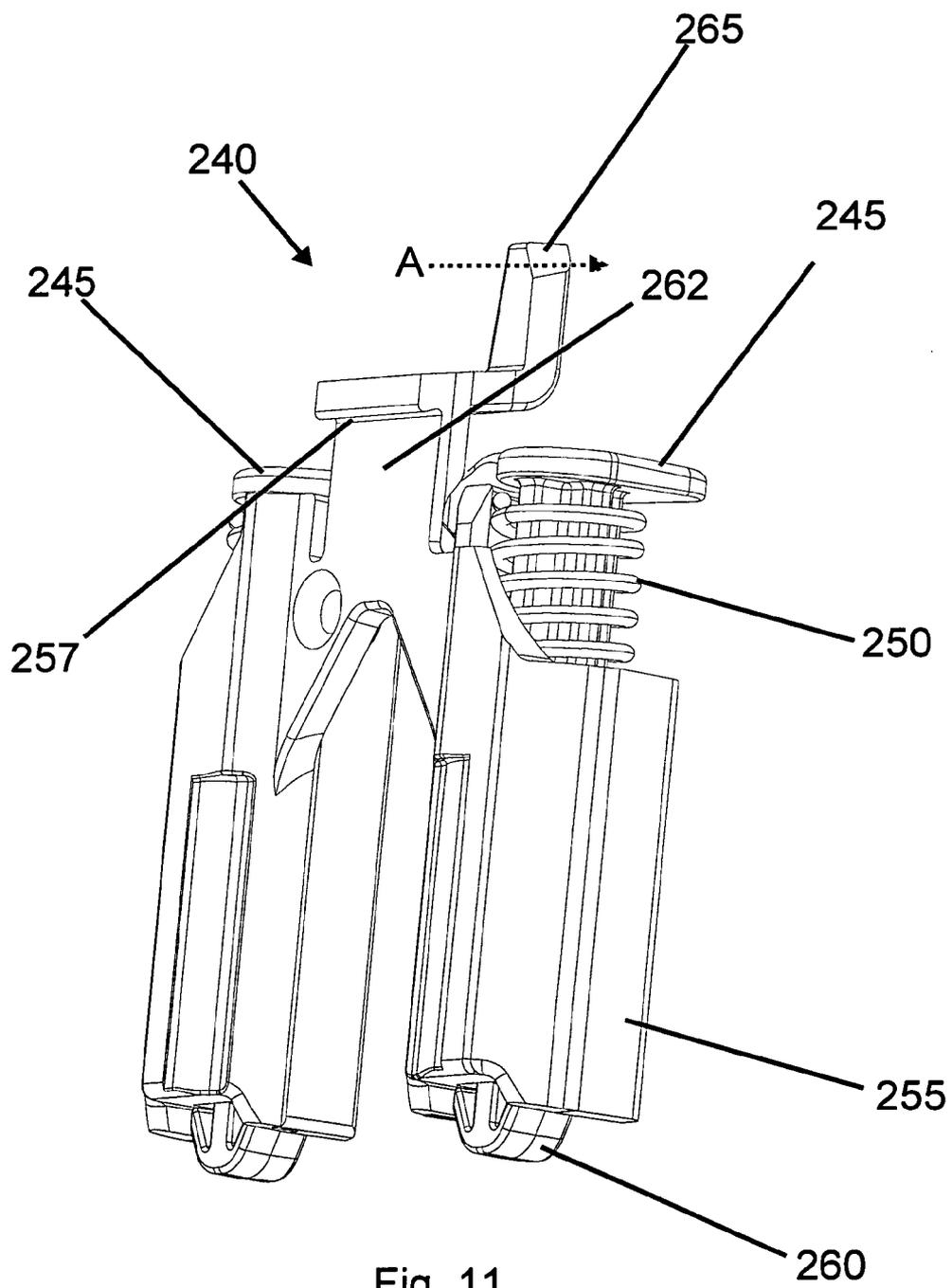


Fig. 11

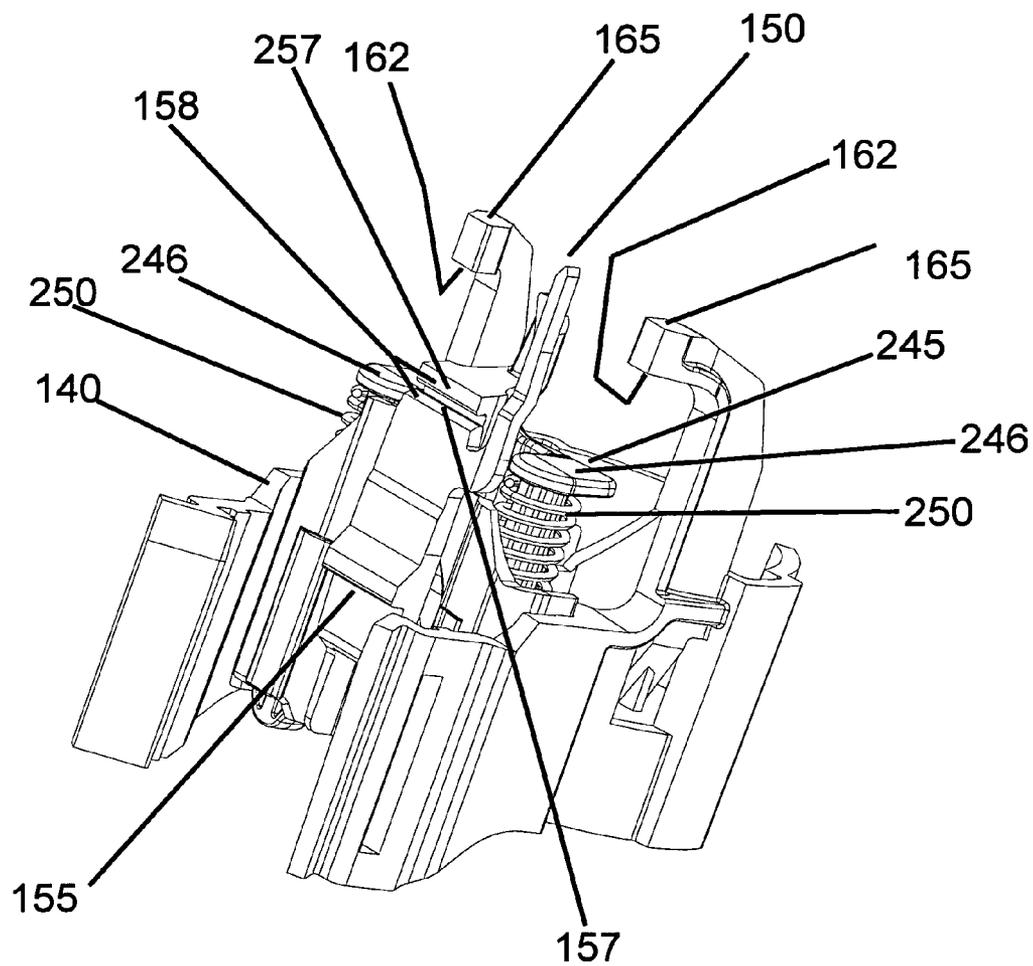


Fig. 12

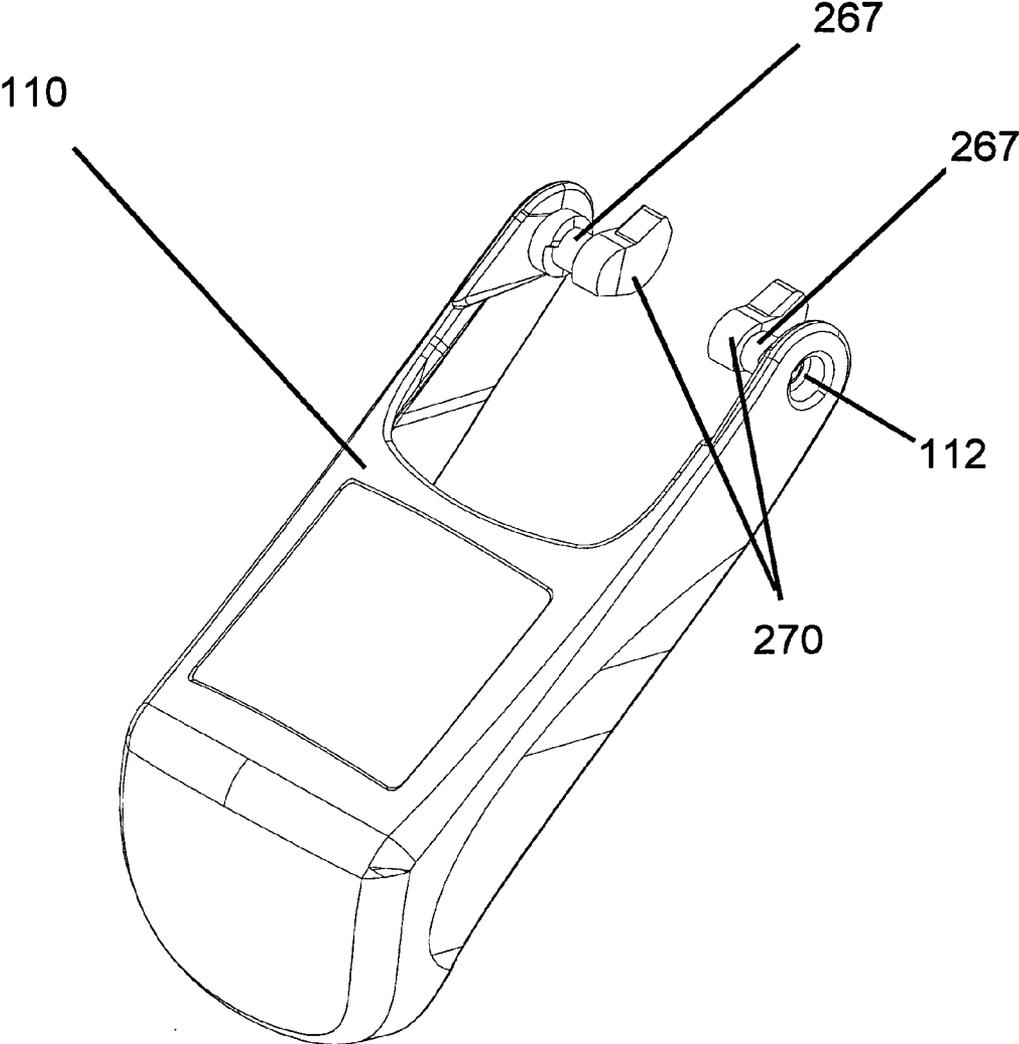
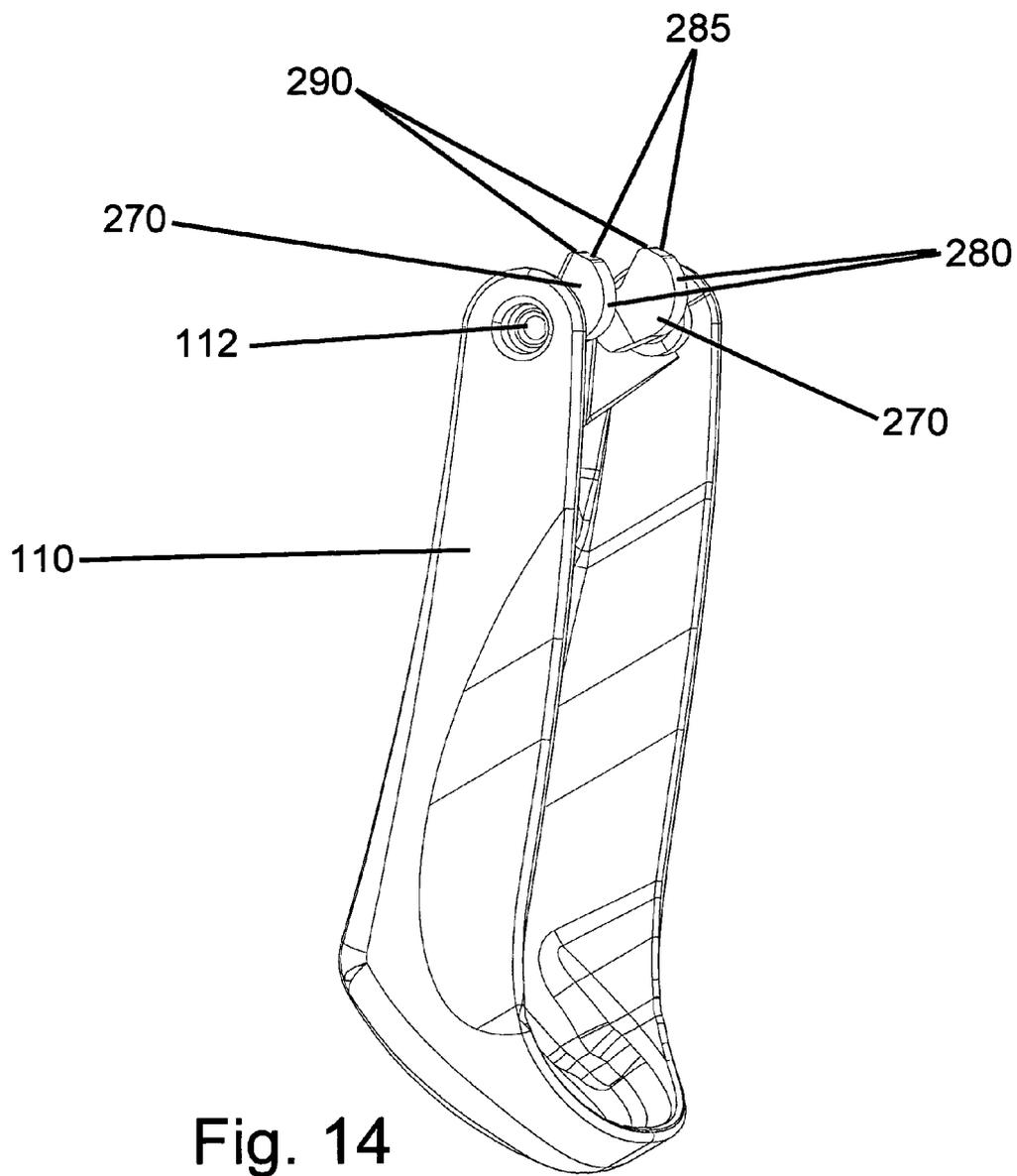


Fig. 13



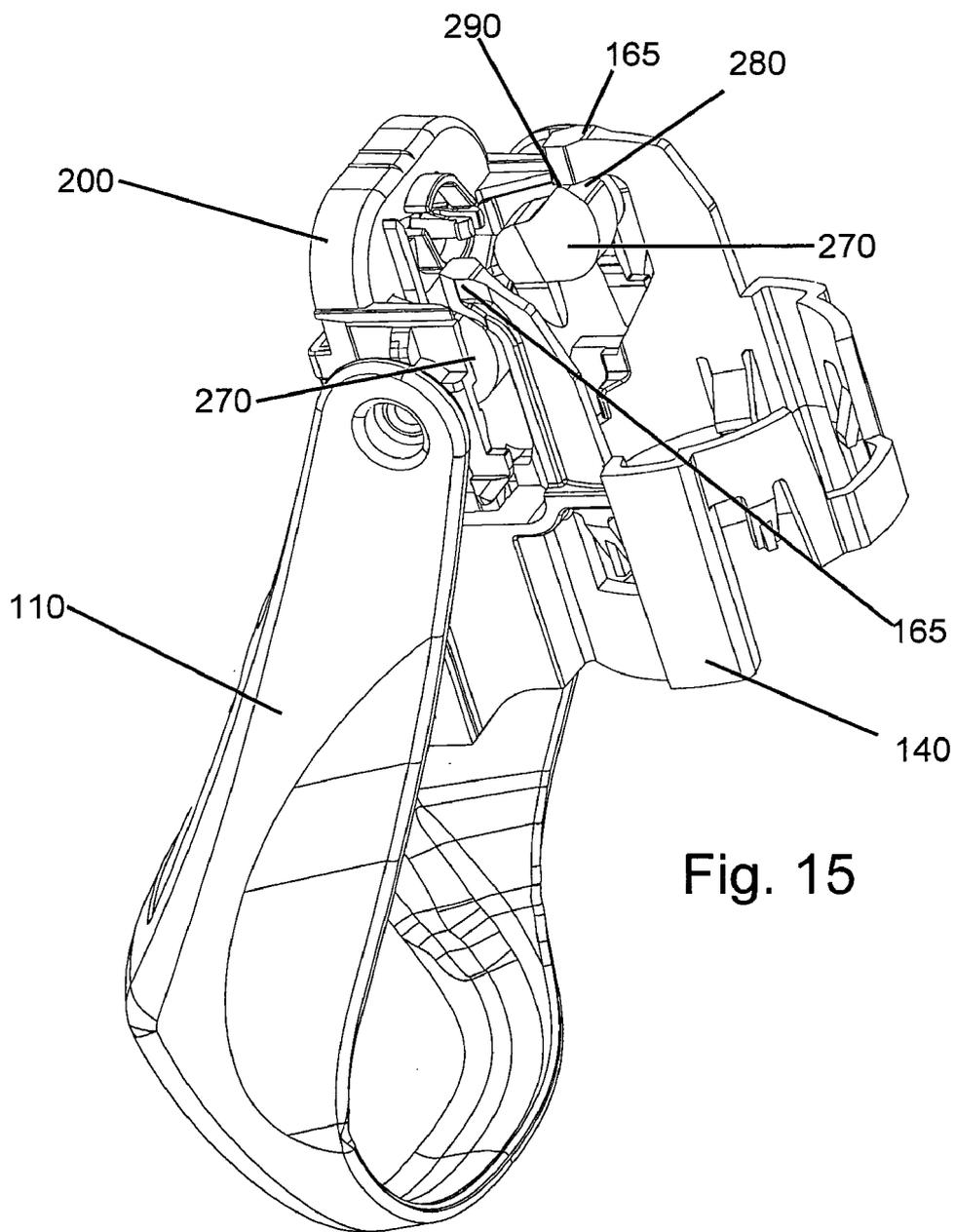
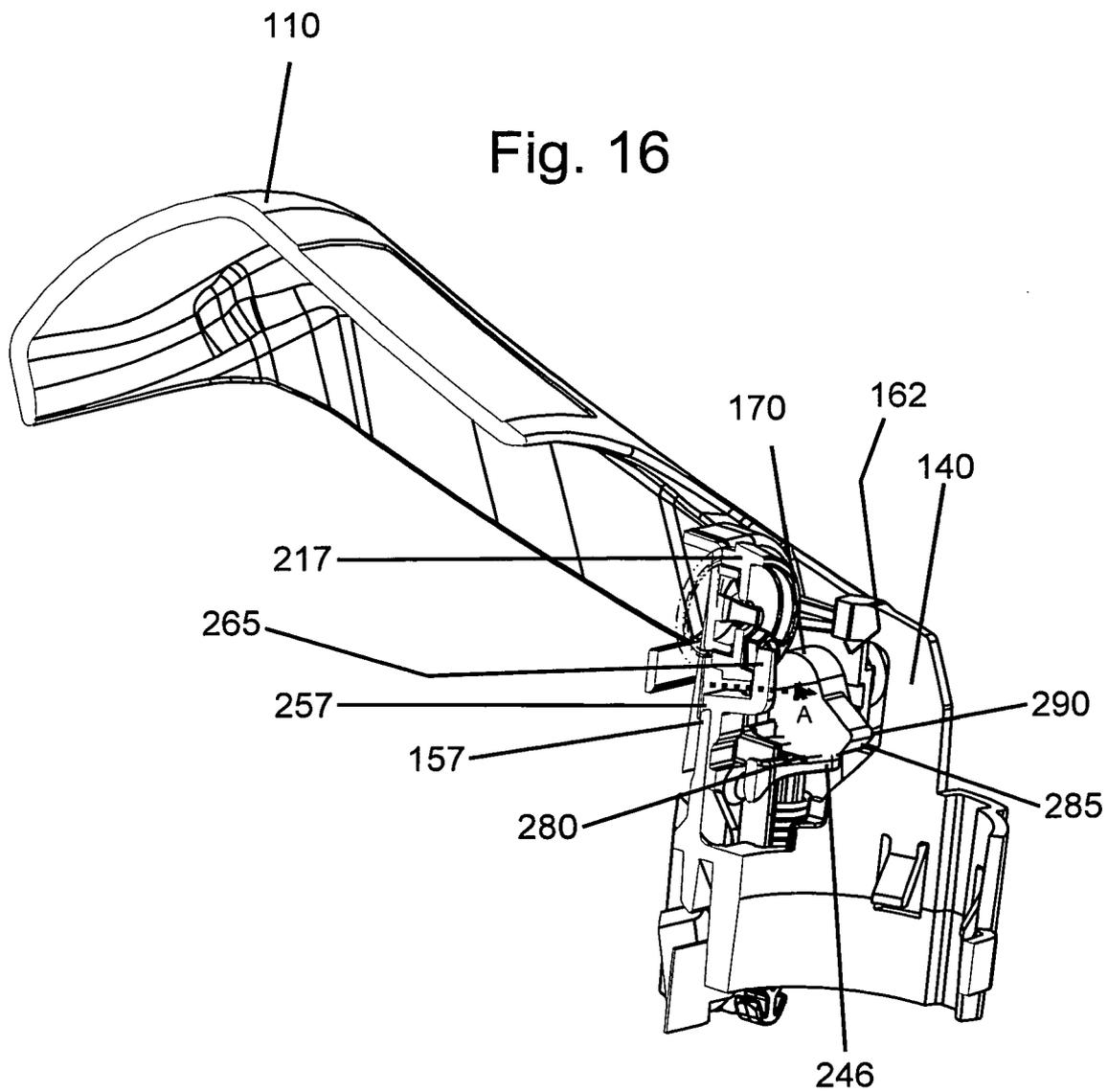


Fig. 15

Fig. 16



## DOSE COUNTER WITH LOCKOUT MECHANISM

### FIELD OF THE INVENTION

[0001] The present invention described herein relates to the field of drug delivery. More specifically, the present invention relates to an inhaler and a method for delivering doses of aerosolized medication for inhalation by a patient into the lungs which incorporates a dose counter component having a lockout feature and a method for counting the number of drug doses in an inhaler and inactivating the inhaler, so that no more drug can be delivered, when a predetermined number of doses have been delivered.

### BACKGROUND OF THE INVENTION

[0002] Aerosols are increasingly being used for delivering medication for therapeutic treatment of the lungs as well as systemic delivery of therapeutic agents. For example, in the treatment of asthma, inhalers are commonly used for delivering bronchodilators such as  $\beta_2$  agonists and anti-inflammatory agents such as corticosteroids. Two types of inhalers are in common use, pressurized metered dose inhalers (pMDIs) and dry powder inhalers (DPIs). Both types of inhalers have as their object the delivery of medication (which is typically in the form of a solid particulate or powder) into the airways of the lungs at the location of the condition being treated or for systemic delivery.

[0003] In a traditional pMDI device, the medication is provided in a pressurized aerosol canister, with the medication being suspended or dissolved in a liquid propellant such as a chlorofluorocarbon (CFC) or hydrofluoroalkane (HFA). The canister includes a metering valve having a hollow discharge stem which can be depressed inward against an internal spring. Once the discharge stem is fully depressed into the canister a metered volume of propellant-medication mixture is discharged through the stem. The discharge is in the form of an aerosol comprising fine droplets of propellant in which particles of the medication are suspended or dissolved. A typical pMDI for use with such a canister includes a housing having an actuator and a nozzle. The canister is inserted into the housing with the hollow discharge stem of the canister being received in a bore in the actuator. Depressing the closed end of the canister causes the stem to be pushed inward into the canister so that a metered volume of medication is discharged through the nozzle. The housing further defines a flowpath in fluid communication with the nozzle, with the flowpath having an outlet at a mouthpiece portion of the housing, such that the aerosolized medication may be inhaled after it exits the mouthpiece portion. The patient either inserts the mouthpiece into the mouth with the lips closed around the mouthpiece, or holds the mouthpiece at a slight distance away from an open mouth. The patient then depresses the canister to discharge the medication, and simultaneously inhales.

[0004] In the field of inhalers, it is known to use a dose counter for tracking and/or displaying the number of doses that have been dispensed or that remain to be dispensed from the inhaler. Such conventional counters are generally incremented each time a drug dose is expelled by the inhaler.

[0005] In addition, there exists a need to inactivate the inhaler in order to prevent a patient from delivering more than the required number of doses. For standard pills or tablets, only the actual number of doses prescribed by the physician are dispensed by the pharmacist. For an inhaler the problem is

far more complicated. It isn't practical to limit the number of doses by limiting the amount of propellant/drug in the canister because then the last few actuations of the inhaler would only deliver a partial dose. Thus there is a need to be able to inactivate the inhaler while there is still sufficient content in the canister to provide for the full amount of drug delivery for each of the actuations of the inhaler.

[0006] In addition it may be difficult from a manufacturing perspective to properly fill the canister with a de minimus amount of medicament. Thus from a quality control perspective, it is better to fill the canister with an amount that permits reproducible filling and then limit the number of doses by use of the counter/lockout mechanism of the present invention.

[0007] The disclosed invention was developed to correct the above-described problem. The disclosed invention of a dose counter/lockout mechanism is shown incorporated into an inhaler having a pMDI medication canister, a synchronized breath-actuated trigger, and a flow control chamber. However, the disclosed dose counter/lockout mechanism could be incorporated into an inhaler in which the canister actuation is done manually.

[0008] Furthermore, the disclosed inhaler includes a dose counter that increments only after an actual delivery of drug from the medication canister as occurs when the canister is depressed beyond a certain point. Upon reaching a predetermined number of actuations two things occur. One is that the dose counting wheel can no longer be incremented. Secondly, a spring assembly, which needs to be cocked (i.e. compressed) in order to depress and therefore discharge medication from the canister, is disengaged from the rest of mechanism and therefore can't be compressed and therefore can't cause the medicament canister deliver a dose.

### BRIEF SUMMARY OF THE INVENTION

[0009] The present invention described herein involves an actuation counter/lockout mechanism which disables a device after a predetermined number of mechanical actuations have occurred. Though described herein as being a component of a pressurized metered dose inhaler, the invention could be a component in any type of mechanical device which can cause a movable carriage to be translated. For example, the device might be used in conjunction with a device which delivers sugar pills to experimental lab animals and would be deactivated after the animal has triggered the device a predetermined number of times. The following descriptions, discussions and drawings will be directed to the invention being incorporated into a specific class of device—that of a pMDI. However, it will be understood by one skilled in the art that this is only one of many possible types of mechanical devices that could incorporate the invention.

[0010] The present invention also includes a method for counting and displaying the number of actuation cycles of a pMDI. Furthermore, the method may include a deactivation step which prevents the inhaler from being able to actuate the pMDI canister.

[0011] The foregoing and other features and advantages of the invention are apparent from the following detailed description of exemplary embodiments, read in conjunction with the accompanying drawings. The detailed description and the drawings are merely illustrative of the invention rather than limiting the scope of the invention.

### BRIEF DESCRIPTION OF THE DRAWINGS

[0012] The foregoing summary, as well as the following detailed description of preferred embodiments of the inven-

tion, will be understood when read in conjunction with the appended drawings. For the purpose of illustrating the invention, there is shown in the drawings embodiments which are presently preferred. It should be understood, however, that the invention is not limited to the precise arrangements and configurations shown.

[0013] Figs. A-D depict in diagrammatic form the general operation of a prior art inhaler

[0014] Figs. E-H depict in diagrammatic form the dosage counter/lockout invention.

[0015] FIG. 1 is an external perspective view of one embodiment of the inhaler;

[0016] FIG. 2 is another external exploded perspective view of an embodiment of the inhaler;

[0017] FIG. 3 shows 4 perspective views of the Cradle of the present invention;

[0018] FIG. 3A is a perspective view of a pMDI canister disposed within the Cradle of the present invention;

[0019] FIG. 3B is an exploded perspective view of the pMDI canister and Cradle shown in FIG. 3A;

[0020] FIG. 4 is a an exploded view of the Cradle and Manifold of the present invention;

[0021] FIG. 5 is an exploded perspective view of the Manifold showing several of the breath actuation components;

[0022] FIG. 6 is an exploded perspective view of the Manifold and the Cocking Lever Retainer;

[0023] FIG. 6B shows Cocking Lever Retainer positioned on the Manifold;

[0024] FIG. 7 is an exploded perspective view of the Cocking Lever Retainer and the Counter Wheel;

[0025] FIG. 8 is an alternative exploded perspective view of the Cocking Lever Retainer and the Counter Wheel;

[0026] FIG. 9 is an exploded view of the Spring Assembly;

[0027] FIG. 10 is a perspective view of internal Spring Assembly;

[0028] FIG. 11 is an alternate perspective view of Spring Assembly;

[0029] FIG. 12 is a perspective view of Spring Assembly disposed within the Cradle;

[0030] FIG. 13 is a perspective view of the Cocking Lever;

[0031] FIG. 14 is an alternate perspective view of Cocking Lever;

[0032] FIG. 15 is a perspective view of Cocking Lever, Cradle and Cocking Lever Retainer; and

[0033] FIG. 16 is a cutaway view showing Cocking Lever in a partially elevated position.

#### I. DIAGRAMMATIC DEPICTION OF THE DOSAGE COUNTER-LOCKOUT

[0034] The diagrams shown in Figs. A-H are meant to provide a general functional explanation of how the dosage counter/lockout feature works. Initially a description of the general operation of an inhaler without the dosage counter/lockout mechanism is shown in Figs A-D and described below. The reference numbers below for Figs. A-H, do not match the reference numbers used in FIGS. 1-16.

Fig. A: Cradle **53** holds the Canister **55** which has projecting from the canister, a hollow spring loaded Canister Stem **57**. Canister **55** is pressurized with a propellant containing a medicament, usually as a solution or a particulate suspension. When Canister Stem **57** is depressed and pushed against the spring pressure into the body of Canister **55**, a measured aliquot of the canister contents are expelled under pressure of

the propellant out of the hollow Canister Stem **57** and into the inspired airflow cause by the patient breathing in though the Inhaler Body **50**.

Cradle **53** is rigidly attached to Spring Assembly **59**. Cradle **53** is slideably attached to Inhaler **50** but limited in its downward direction via Cradle Latch **52**. Cradle Latch **52** can be deactivated by various means which then allows Cradle **53** to slideably move along Inhaler Body **50**. Cradle Latch **52** can be designed to uncouple in response to air flow through the Inhaler **50** caused by a patient breathing in through the Inhaler Body **50**. In stead of being breath actuated, Cradle Latch **52** can alternatively be designed to be activated manually which means the patient must coordinate the inspiration of a breath with the manual activation of Cradle Latch **52**

Fig A depicts what is considered to be the Reset or Resting configuration. Cam **63** is pushing against Reset Arm **67** which is holding Cradle **53** and Spring Assembly **61** in the fully upward position such that Cradle Latch **52** can be positioned in the engaged position.

In Fig. B, Cam **63** has rotated such that it is now pushing on Spring Assembly **59**. And because Spring Assembly **59** is fixedly attached to Cradle **53**, Cradle **53** is biased slightly downward and is held in place by Cradle Latch **52**. Because the Moving Assembly (Spring Assembly **59**, Cradle **53**, and Canister **55**) is held in position, the springs in Spring Assembly **59** are compressed as shown by the box representing Spring Assembly **59** being shown smaller in size.

Fig. C shows the configuration after a patient has actuated Cradle Latch **52** either manually or by drawing in a breath which causes Cradle Latch **52** to uncouple and allows the Moving Assembly to be biased downwards by the expansion of the compressed springs.

Cradle **53** is configured to bias Canister **55** downwards which forces Canister Stem **57** to be biased against Stem Retainer **54**. As a result of being biased against Stem Retainer **54**, Canister Stem **57** is displaced into Canister **55**, which causes a measured aliquot of medicament to be discharged from the canister as discussed above.

After the dose of Medicament **69** has been discharged, Cam **63** is rotated back to the reset or rest position as shown in Fig. D. The lobe on Cam **63** biases Reset Arm **67** upward, which in turn biases Moving Assembly back to its upward position. With the Moving Assembly located in its highest upward location, Cradle latch **52** is then automatically reset.

Now the device is ready for the next actuation cycle. In practice, Cam **63** is attached to a Cocking Lever which also functions as mouthpiece cover which is positioned in the closed position in Fig. A and Fig. D (Reset Position) and rotated to the open position in Fig. B (cocked position) and Fig. C (discharged position).

When the patient picks up the inhaler, the cover is closed and all components are as shown in Fig. A. The patient rotates the cover to the fully open position, which makes the inhaler available for use and which rotates Cam **63** and configures the device as shown in Fig. B. With the cover open, the patient draws in a breath, actuates the breath actuated trigger which then allows the medicament to be dispensed into the air stream that is being drawn into the lungs by the patient. During medicament delivery the Inhaler is in the configuration shown in Fig. C.

When the inhalation and medicament delivery are finished, the patient rotates the cover closed, which causes Cam **63** to be rotated back to its reset position which places the device in the configuration shown in Fig. D, which is in fact the same as

Fig. A. When Cradle **53** is placed in the upper position, by the rotation of Cam **63**, pressure is removed from Canister **55**. The Canister Stem is then pushed back out by the action of the compressed spring(s) in Canister **55** which causes Canister **55** to move back to its reset position.

## II. DOSAGE COUNTER

### Diagrammatic Depiction of First Component of the Invention

**[0035]** The additional inventive components of the dosage counter lock out functions are now discussed, building upon the description given above.

As shown in Fig. E, there are two additional components needed to effectuate the Dosage Counter feature. A Counter Actuation Arm **72** is attached to Cradle **53**. Each time that the Inhaler goes through the resetting function as described above for Fig. D, the Counter Actuation Arm **72** pushes against one of a series of Notches **77** on the periphery of the Dosage Counter Wheel **75**. On the periphery of the Dosage Counter Wheel is imprinted a series of numbers (usually 1-4 or 1-8). Each time the inhaler goes through the steps of medicament delivery, Counter Actuation Arm causes the Dosages Counter Wheel to rotate a fixed amount which causes the next higher number on the Dosage Counter Wheel to be visible through a window in the housing of the inhaler. The Dosage Counter feature can be designed to either count up or count down as required.

### Lock Out

**[0036]** There are two additional features needed to effectuate the lockout function. Notches **77**, which are described above, are located along only a portion of the periphery of Counter Wheel **75**. The Inhaler is designed to actuate only a predetermined number of times and the number of Notches **77** is same as this predetermined number of actuations. Once the Counter Wheel has advanced this predetermined number of items, there are no more Notches on the wheel that the Contact Arm **72** can contact. Thus Counter Arm **72** has nothing to push against. So even if the Cradle **53** moves back and forth between the positions shown in Fig. A and Fig. C, because the Contact Arm **72** is not making contact with any Notches **77**, the Counter Wheel **75** doesn't rotate.

If no further components were added to the inhaler, the inhaler would still be able to deliver medicament, but the counter wheel would only record a predetermined number of actuations.

There are additional elements needed, which would work in conjunction with the Counter. Arm and Counter Wheel, to disable the inhaler. With these additional elements, when the Counter Wheel has been incrementally rotated the predetermined number of times, the inhaler will be disabled and will not deliver medicament. The preferred method of disablement is to prevent the ability of the inhaler to compress the springs. It should be noted that there is no physical blocking or interference of any of the moving parts while in the disabled state and therefore there are no parts put under stress when the inhaler is disabled.

A Dropout Cam **79** is located along the periphery of Counter Wheel **75**. When Counter Wheel **75** has been incrementally rotated the proper number of times, it is positioned such that Dropout Cam **79** makes contact with Dropout Tab **81** which causes Spring Latch **83** to disengage as shown in Fig. F.

Spring Latch **83**, when engaged, rigidly attaches Cradle **53** to Spring Assembly **59**. When Dropout Tab **81** is contacted by Dropout Cam **79**, it causes the two portions of Spring Latch **83** to separate. Thus Spring Assembly **59** is no longer rigidly attached to Cradle **53**. As a consequence, when Cam **63** rotates to the position as shown in Fig. G, the springs in Spring Assembly **59** won't compress because the whole Spring Assembly moves in relation to Cradle **53**. Therefore there won't be any mechanical force available to bias Cradle **53** and Canister **55** and cause Canister Stem **57** to be depressed into Canister **55** and thus there will be no medicament delivery.

Even if Cradle latch **52** is activated, as shown in Fig. G, there is no compressed spring force to drive the Canister. When the Cam **63** is rotated back to its original position, the Moving Assembly is returned to its initial position and Cradle Latch **52** is re-engaged.

Having gone through a diagrammatic depiction of the standard inhaler (Figs. A-D) and the improved inhaler having a dosage counter and lockout mechanism (Figs E-F), a detailed description of the preferred embodiment will now be presented.

## DETAILED DESCRIPTION OF THE INVENTION

**[0037]** FIG. 1 shows Inhaler **100** in its closed resting state. Back Cover **105** and Front Cover **115** provide the basic housing structure for Inhaler **100**. Cocking Lever **110**, attaches to Inhaler **100** and pivots around Pivot Point **112**. A Dosage Counter Display Window **120** is formed within Front Cover **115**. The actual number of dose that have been delivered is indicated by numbers on a rotating surface that can be viewed through Dosage Counter Display Window **120**, as will be discussed in detail below.

FIG. 2 is an exploded view of Inhaler **100**. Front Cover **115** and Back Cover **105** enclose Manifold Assembly **125**. Mouth Piece **130** is inserted through an opening in the bottom of Front Cover **115** and makes a snap fit within an opening in the lower portion of Manifold Assembly **125**. Cocking Lever **110**, in its closed position, covers Mouth Piece **130**. In normal use, Cocking Lever **110** will be manually rotated approximately 135 degrees which fully uncovers Mouthpiece **130** and enabling Mouthpiece **130** to be inserted into the mouth of a patient.

FIG. 3 shows Cradle **140** from 4 different views in order that the various components of Cradle **140** can be properly viewed. A clear understanding of all of the functions of the Cradle **140** is critical to an understanding how all of the features of the invention work together. There are six separate functions that the Cradle **140** performs:

- [0038]** 1. Holds the Canister;
- [0039]** 2. Slideably engages the Manifold **170**;
- [0040]** 3. Provides one part of the latch to the Manifold;
- [0041]** 4. Provides one part of a latch to the Spring Assembly;
- [0042]** 5. Actuates the Dose Counter Wheel; and
- [0043]** 6. Provides support for the Spring Assembly

These six functions are now discussed in detail.

### 1. Holds the Canister

**[0044]** The Canister **167** is retained within Canister Enclosure **160**, which also pushes down on the Canister

**167** when the Cradle **140** is pushed down, in order to activate Canister Stem **168** (See FIGS. 3A and 3B).

2. Slideably Engages the Manifold **170**;

[0045] There is a pair of arms that extend away from the body of Cradle **140**. Each of the arms contains a Slider Groove **145** which engages with a corresponding mating part (the Cradle Rails **180A** and **180B**) on Manifold **170** (see FIG. 4).

3. Provides One Part of the Latch to the Manifold Assembly;

[0046] Cradle Latch A **155**, shown in FIG. 3, along with Trigger Shelf **190** (See FIG. 5) forms Cradle Latch Assembly **156** (not shown) which detachably fixes Cradle **140** to Manifold **170**. The second part of Cradle Latch Assembly **156** is Trigger Shelf **190**, which is positioned within Trigger Pocket **187** as shown in FIG. 5. Panel **185** is shown detached from Manifold **170**. Panel **185** is normally positioned within Manifold **170** by positioning Attachment Bracket **188A** within Panel Pocket **188B**. Panel **185**, through various gaskets and seals, not shown, can be biased at Flexible Location **186**, and displaced into Manifold **170** by utilizing a venturi effect caused by the inspiration of air by the patient. If Panel **185** is biased inwards by the intake breath of a patient on the inhaler, then Trigger Shelf **190** becomes disengaged from Cradle Latch A **155**. This triggering action normally takes place after Spring Assembly has been compressed. The disengagement of Cradle Latch Assembly **156** then allows the Springs in Spring Assembly to expand, forcing Cradle **140** downward which also forces Canister **167** downward causing a single dose of medicament to be discharged from Canister **167** through Canister Stem **168**.

4. Provides One Part of Spring Assembly

[0047] Spring Assembly Latch A **157**, as shown in FIG. 3 mates with a corresponding component on the Spring Assembly **240** which will be described below. The two components form Spring Assembly Latch **158**, which is a key component of the lockout feature of the present invention and will be discussed below.

5. Actuates the Dose Counter Wheel;

[0048] Counter Actuation Rod **150** extends from Cradle **140** and contacts Counter Wheel **217**, shown in FIG. 7. Each time the Cradle **140** (See FIG. 3) moves from its cocked position to its resting position, the Counter Actuation Arm **150** makes contact with notches on the periphery of Counter Wheel **217**, causing it to rotate a predefined amount.

6. Provides Support for the Spring Assembly

[0049] Spring Assembly **240** (shown alone in an expanded view in FIG. 9, and in a front and back view in FIGS. 10 and 11) is contained within Cradle **140** as shown in FIG. 12. As shown in FIG. 12, Spring Assembly Latch B **257** of Spring Assembly **240** is detachably engaged with Spring Assembly Latch A **157**, which is part of Cradle **140**. When Spring Assembly **240** is biased in the downward direction (as discussed below) the

engaged Spring Assembly Latch **158** causes the downward force applied to the Spring Assembly to be transmitted to Cradle **140**.

FIG. 6 shows Cocking Lever Retainer **200** detached from Manifold Assembly **125**. It is normally positioned on Manifold **170** as shown in FIG. 6B. Locking Tangs **205** are inserted into Slots **195**. When Cocking Lever Retainer **200** is fully inserted into Manifold **170**, there are two Cocking Lever Apertures **197** formed which are used to retain Cocking Lever **110** as will be discussed below.

FIG. 7 shows Cocking Lever Retainer **200** and Counter Wheel **217**. Counter Wheel **217** fits over and is retained by Counter Wheel Axle **215**. Counter Wheel Axle **215** is made up of two arms which are compressed. Counter Wheel **217** is then positioned such that the compressed arms of Counter Wheel Axle **215** are inserted through Mounting Hole **213** formed in the middle of Counter Wheel **217**. Once Counter Wheel Axle **215** is fully inserted into and through Mounting Hole **213**, the two arms are allowed to expand, which rotatably locks Counter Wheel **217** on Counter Wheel Axle **215**. Counter Wheel **217** fits over Detent Arms **210** which are positioned to fit into Detent Teeth **230** as shown in FIG. 8. The interaction of Detent Arms **210** and Detent Teeth **230** permit Counter Wheel **217** to rotate in only one direction and in fixed increments determined by the spacing of Detent Teeth **230**.

Also shown in FIG. 8 are Rotation Actuation Teeth **225**. These teeth are engaged by Counter Actuation Rod **150**, located on Cradle **140**, each time Cradle **140** is placed in its resting position. The spacing of Rotation Actuation Teeth **225** and Dose Numbers **218** are designed so that each movement of the Counter Actuation Rod **150** causes the next higher dosage number on Counter Wheel **217** to be visible in Dosage Counter Display Window **120**.

Various views of Spring Assembly **240** are shown in FIGS. 9-11. The three main elements of Spring Assembly **240** are the Pusher **245**, the Springs **250** and Spring Holder **255**. An exploded view of Spring Assembly **240** is shown in FIG. 9.

FIG. 10 shows one view of the fully assembled Spring Assembly **240**. One each of Springs **250** are placed over one each of Pusher Arms **247**. This assembly is placed within Spring Holder **255** such that Pusher Retaining Tabs **260** are inserted through openings in the bottom of Spring Holder **255**. Once placed through these holes, Pusher Retaining Tabs **260** lock Pusher **247** within Spring Holder **255**. The diameter of Springs **250** are smaller than the holes in the bottom of Spring Holder **255**. Therefore, if Pusher **245** is biased downwards, Pusher Arms **247** are extended through the holes in the bottom of Spring Holder **255**. This causes Springs **250** to be compressed between the lower portion of Spring Holder **255** and the top of Pusher **245**.

FIG. 11 shows the opposite side of the view shown in FIG. 10. Dropout Tab **265**, which is located on the Dropout Arm **262**, is engaged by Dropout Cam **220** on Counter Wheel **217** (FIG. 7). When Dropout Tab **265** is biased by contact with Dropout Cam **220** it moves in the direction indicated by Arrow A. This causes Spring Assembly Latch A **157** to disengage from Spring Assembly Latch B **257**.

When Spring Assembly Latch is engaged, any downward pressure on the Pusher **245** causes Springs **250** to compress and also transmits the downward pressure to Cradle **140**. And because the Cradle Latch (Cradle Latch A **155** and Trigger Shelf **190**) is usually engaged, Cradle **140** is prevented from making any significant downward motion. Thus the down-

ward pressure on Pusher 245 results in the Cradle 140 being biased tightly against the Cradle Latch and also results in the compression of Springs 250.

However, when Spring Assembly Latch is disengaged, there can be no compression of Springs 250, and the whole Spring Assembly 240 is moved downward within Cradle 140, without imparting any downward force to Cradle 140. When there is no compression of Springs 250, there is no compression energy available to cause the downward motion of the Cradle 140 and the Canister 167 to overcome the forced needed to move the Canister Stem 168 into the Canister 167.

FIG. 12 shows in detail the Spring Assembly 240 positioned within Cradle 140 and with Spring Assembly Latch components (Spring Assembly Latch A 157 and Spring Assembly Latch B 257) in an engaged, but slightly separated position in order to better view these two components. Normally Spring Assembly Latch A 157 and Spring Assembly Latch B 257 are in direct contact, unless Dropout Cam 220 has engaged Dropout Tab 265 to cause the two components to disengage and to potentially slide past each other.

FIG. 13 shows Cocking Lever 110 with its Cams 270 and its Pivot Bearings 267 located at one end. Pivot Bearings 267 are pivotally retained within the Cocking Lever Apertures 197 formed by the Cocking Lever retainer and the Cocking Lever Support Brackets 192.

FIG. 1 shows Cocking Lever 110 in its closed or resting position. FIG. 15 also shows several of the components in the closed or resting positions. When Cocking Lever 110 is in the closed position, Cams 270 are oriented such that Reset Lobes 290 are located as shown in FIG. 15. In this position, Reset Lobes 290 are oriented upwards and directly in contact with Reset Cam Contact Surface 162. In this position, Cradle 140 is biased in its uppermost position.

During normal operation, as Cocking Lever 110 is rotated away from Mouthpiece 130, Cams 270 are rotated which brings Compression Lobes 280 into contact with Cam Contact Surface 246, which causes Pusher 245 to compress Springs 250.

When Cocking Lever 110 is rotated to its fully opened position (about 135 degrees), it brings the Stabilizing Surface 285 on Cam 270 in full contact with Cam Contact Surface 246. Because Stabilizing Surface 285 is flat, when it is in full contact with Cam Contact Surface 246, Cocking Lever 110 is stabilized in its fully open position which holds Springs 250 in a compressed state.

Typically, the next step is to trigger Cradle Latch Assembly, which disengages Cradle Latch A 155 from Trigger Shelf 190. Cradle 140 is then biased by the expansion of Springs 250. The force of the expansion of compressed Springs 250 is sufficient to overcome the force on Canister Stem which biases Canister Stem 168 into Canister 167 to cause delivery of a metered dose of medicament.

After the delivery, Cocking Lever 110 is rotated back to the closed position which causes Reset Lobe 290 to be rotated against Reset Arm Contact Surface 162 which returns Cradle 140 back to its normal position. With Cradle 140 in its uppermost position, Cradle Latch Assembly reengages, causing Cradle 140 to be fixedly attached to Manifold 170.

FIG. 16 shows a cutaway view of the Inhaler 100 with the Cocking Lever 110 in a partially elevated position. Cam 270 is shown oriented such that Compression Lobe 280 is in contact with Cam Contact Surface 246. In this configuration Pusher 245 is biased in a downward direction which results in Springs 250 being partially compressed.

FIG. 16 also shows Spring Assembly Latch B 257 engaged with Spring Assembly Latch A 157. If Cocking Lever 110 were to be raised further, Stabilizing Surface 285 would be rotated so that it comes in contact with Cam Contact Surface 246 and be held in a stabilized position.

[0050] The present invention may be embodied in other specific forms without departing from its spirit or essential characteristics. The described embodiments are to be considered in all respects only as illustrative and not restrictive. Therefore, the scope of the invention is not limited to the exemplary embodiment described above. All changes or modifications within the meaning and range of equivalents are intended to be embraced herein.

[0051] Terms and phrases used in this document, and variations thereof, unless otherwise expressly stated, should be construed as open ended as opposed to limiting. As examples of the foregoing: the term “including” should be read as meaning “including, without limitation” or the like; the term “example” is used to provide exemplary instances of the item in discussion, not an exhaustive or limiting list thereof; and adjectives such as “conventional,” “traditional,” “normal,” “standard,” “known” and terms of similar meaning should not be construed as limiting the item described to a given time period or to an item available as of a given time, but instead should be read to encompass conventional, traditional, normal, or standard technologies that may be available or known now or at any time in the future. Likewise, a group of items linked with the conjunction “and” should not be read as requiring that each and every one of those items be present in the grouping, but rather should be read as “and/or” unless expressly stated otherwise. Similarly, a group of items linked with the conjunction “or” should not be read as requiring mutual exclusivity among that group, but rather should also be read as “and/or” unless expressly stated otherwise.

[0052] The presence of broadening words and phrases such as “one or more,” “at least,” “but not limited to” or other like phrases in some instances shall not be read to mean that the narrower case is intended or required in instances where such broadening phrases may be absent.

[0053] As used in this application, the articles “a” and “an” refer to one or more than one (i.e., to at least one) of the grammatical objects of the article. By way of example, “an element” means one element or more than one element.

What is claimed is:

1. A metered dose inhaler comprising:
  - a pressurized canister containing a medicament formulation,
  - said canister further comprising a metering valve having a spring loaded valve stem;
  - a canister holder which fixedly holds said canister;
  - an inhaler body;
  - said canister holder being slideably engaged with said inhaler body; said canister holder movable between a first and a second position;
  - a compression assembly slideably engaged with said canister holder;
  - a compression assembly latch that detachably affixes said compression assembly to said canister holder; said compression assembly latch having an engaged configuration in which said compression assembly is fixedly attached to said canister holder and a disengaged configuration in which said compression assembly is slideably engaged with said canister holder;
  - a canister latch;

said canister latch having an engaged configuration wherein said canister holder is restricted to said first position and a disengaged position wherein said canister holder is not restricted in its movement along said inhaler body;

said canister holder further comprising a reset arm; a cam positioned between said reset arm and said compression assembly; such that when said cam is oriented in a first position the cam lobe is biased against said reset arm and urges said canister holder in said first position; and when said cam is oriented in a second position said cam lobe is biased against said compression assembly which causes mechanical energy to be stored in said compression assembly when said cradle latch and said compression assembly latch are both in the engaged positions;

a dose counter wheel; said dose counter wheel adapted to be detentably rotatable in one direction;

said canister holder further comprising an actuation arm which engages with said dose counter wheel and causes said dose counter wheel to incrementally rotate each time said canister holder moves from said second position to said first position; said dose counter wheel adapted to display a different dose indicia each time said dose counter wheel is incrementally rotated;

said lockout cam adapted to cause said compression assembly latch to disengage after a predetermined number of incremental rotations which results in said dose counter wheel being in a predetermined position;

whereby said compression assembly can no longer be compressed by said cam lobe, thereby not storing mechanical energy needed to move canister holder from said first position to said second position when said canister latch is placed in the disengaged position and thereby causing medicament to be discharged.

2. A metered dose inhaler as described in claim 1 wherein said canister latch is manually disengaged.

3. A metered dose inhaler as described in claim 1 wherein disengagement of said canister latch is breath-actuated.

4. A metered dose inhaler as described in claim 1 further comprising a cover which rotates within said inhaler body, said cover further comprising said cam.

5. A metered dose inhaler as described in claim 1 wherein said compression assembly comprises one or more springs.

6. A metered dose inhaler as described in claim 1 wherein said compression assembly latch comprises a first and a second latching member, said first latching member fixedly attached to said compression assembly and said second latching member fixedly attached to said canister holder, wherein at least one said latching members can be directly or indirectly physically displaced by the said lockout cam so that said compression assembly and said canister holder are not fixedly attached to each other.

7. A metered dose inhaler as described in claim 1 wherein said dose counter wheel has numbers on the periphery of said dose counter wheel; said inhaler adapted to indicate a specific number as the number of interest.

8. A metered dose inhaler as described in claim 7 wherein said inhaler is adapted to allow only one of the numbers on the periphery of the dose counter wheel to be visible from outside of said inhaler body.

9. A medicament dispenser comprising:

A medicament formulation;

a medicament storage container; said medicament formulation contained within said medicament storage container;

a medicament dispersal unit which, when activated causes said medicament formulation to be dispersed from said medicament storage unit;

a dose counter wheel; said dose counter wheel adapted to be detentably rotatable in one direction;

an actuation arm which engages said dose counter wheel and cause said dose counter wheel to be incrementally rotated each time said medicament dispersal unit is activated;

said dose counter wheel adapted to prevent said medicament dispersal unit from being activated when said dose counter wheel has been rotated to be predetermined position.

10. A medicament dispense as described in claim 9 further comprising dose counting indicia disposed on said dose counter wheel.

11. A medicament dispense as described in claim 10 wherein said dose counting indicia are numbers;

12. A medicament dispensers as described in claim 11 wherein only one said numbers, at any one time, is visible from outside of said medicament dispense

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